HAND DELIVERED

FEC FORM 3X

14031214728

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2014 APR 15 PM 4: 08

TYPE OR PRINT ▼ NAME OF Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. International Chiropractors Association Political Action Committee 64,00 Arlington Boulevard ADDRESS (number and street) Suite 800 Check if different than previously Falls Church VA 22042 reported. (ACC) CITY A STATE A ZIP CODE FEC IDENTIFICATION NUMBER ▼ 3. IS THIS **NEW AMENDED** XX 00329920 **OR** REPORT (N) (A) TYPE OF REPORT Nov 20 (M11) (Non-Election Year Only) (b) Monthly Feb 20 (M2) May 20 (M5) Aug 20 (M8) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reparts: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) Primary (12P) 12-Day General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) 070 in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year (d) 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report D_7_D in the (TER)

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ronald II. Hendrickson, Assistant Treasurer

through

Signature of Treasurer

Covering Period

01

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s GnaceM. Hendrickon

Election on

2014

Date

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2014

State of

2014

NOTE: Submission of false, erroneous...or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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	Office	· ·				FEC FORM 3X
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<u></u>	Only	 		 ļ		-
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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

International Chiropractors Association Political Action Committee

Report Covering the Period:

From:

01 01

2014

To:

03 ′

3,1

2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
3.	(a) Cash on Hand January 1, 2014		38, 861.65
	(b) Cash on Hand at Beginning of Reporting Period		
	(c) Total Receipts (from Line 19)	2,350.00	2,350.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41,211.65	4,02,11.65
·.	Total Disbursements (from Line 31)	1,906.27	1,906.2
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39,305.38	3,9,,305,38
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

X

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

International Chiropractors Association Political Action Committee

Re	eport Covering the Period: From:	1 1 00 1 1 00 1 4 1	To: 03 / 31 / 2014
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees		
	(i) Itemized (use Schedule A)		<u> </u>
		3 350 00	2 350 00
	(ii) Uniternized	2,350,00	2,350.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	2,350.00	2,350.00
	Lines Tr(a)(i) and (ii)		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		2 250 00
	Totals to Line 33, page 5)▶	2,350.00	2,350.00
12.	Transfers From Affiliated/Other		
	Party Committees		
40	All Loons Descript		
13.	All Loans Received		
	Loan Repayments Received		[]
15.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16	Refunds of Contributions Made		<u> </u>
	to Federal Candidates and Other		
	Political Committees		
17.	Other Federal Receipts		
	(Dividends, Interest, etc.)		
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account		
	(from Schedule H3)		
	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfers (add 18(a) and 18(b))		
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))▶	2,350.00	2,350.00
			<u> </u>
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	2,350.00	2,350.00
		•	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. D	isbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Exp (a) Allocated Activity (fi	enditures: Federal/Non-Federal rom Schedule H4)	Total Tills Period	Calendar Year-to-Date
(i) Fede	ral Share		
(ii) Non-	Federal Share	U U (4) U U (4) U U (7) U	
	deral Operating		
	ires	906.27	906.27
	erating Expenditures	006 27	006 07
22. Transfers to A	ı)(i), (a)(ii), and (b))	906.27	90,6.27
			2 2 40 11 4 40 11 11 11
23. Contributions	to dates/Committees		
and Other Pol	itical Committees	1,000.00	1,000.00
24. Independent E			
(use Schedule 25. Coordinated P (2 U.S.C. §44	e E) Party Expenditures 1a(d)) e F)		
(use Schedule	F)		
26 Loop Bonoum	anta Mada		
20. Loan nepayiii	ents Made		
27. Loans Made 28. Refunds of Co	ontributions To:		
	s/Persons Other itical Committees		
THOU TO			
(b) Political F	Party Committees		
1-7 -	litical Committees		
(such as	PACs)		
(d) Total Con	tribution Refunds		
\- /	s 28(a), (b), and (c))▶		
(3.2.3. =			
29. Other Disburs	ements		
	on Activity (2 U.S.C. §431(20))		
, -	Federal Election Activity nedule H6)		
•	al Share		
•			
• •	" Share		
• •	Election Activity Paid Entirely		
	Federal Funds	<u></u>	
	leral Election Activity (add lea)(i), 30(a)(ii) and 30(b))		
Lines 30	رماران, محرمارانا هانط محرفانا		
31. Total Disburse	ements (add Lines 21(c), 22,		
	5, 27, 28(d), 29 and 30(c))	1,,906.27	
32. Total Federal	Disbursements		
(subtract Line	21(a)(ii) and Line 30(a)(ii)		
from Line 31)	>	1,906.27	1,906.27

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans)		
(from Line 11(d), page 3)	2, 350.00	2,350.00
34. Total Contribution Refunds		
(from Line 28(d))		
35. Net Contributions (other than loans)		
(subtract Line 34 from Line 33)	2,350.00	2,350.00
36. Total Federal Operating Expenditures		006 27
(add Line 21(a)(i) and Line 21(b))▶	906.27	906.27
37. Offsets to Operating Expenditures		
(frem Line 15, page 3)		
38. Net Operating Expenditures		
(subtract Line 37 from Line 36)	906.27	906.27

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SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC Form 3X)			NUMBER:	PAGE 1 OF 3
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	<u> </u>	
	Detailed Summary Page	X 21b	22 23 28a 25	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
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Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
International Chiropracto	rs Association	Politi	cal Acti	on Committee
/				
Full Name (Last, First, Middle Initial)			Date of Disbu	ursement
PNC Bank		,	M M /	D D / Y Y Y Y
Mailing Address		-	01 0	07 2014
402 West Broad Street	A-A- 7:- 0-d-			2014
City S Falls Church	tate Zip Code VA 220	042		
Purpose of Disbursement	,			
bank fee/operating expe	ense		Amount of Ea	ach Disbursement this Period
Candidate Name		Category/		3.00
Office Sought: House Disbursem	pent For	Туре	,	,
·	Primary General	•		
President	Other (specify) \(\psi \) administration			:
State: District:	administration			
Full Name (Last, First, Middle Initial)	•		Date of Dieb	
PNC Bank			Date of Disbu	
Mailing Address,				D D / Y Y Y Y
402 West Broad Street			02 (2014
City S Falls Church	tate Zip Code VA 2	2042		
Purpose of Disbursement	VII 2.	2012		
bank fee/operating expe	ense		Amount of Ea	ach Disbursement this Period
Candidate Name		Category/		3.00
Office Courbs		Туре	,	, 3.00
Office Sought: Irlouse Disbursem	ent ror: Primary General			
	Other (specify)			
State: District:	administration			
Full Name (Last, First, Middle Initial)				
C . PNC Bank			Date of Disbu	
Mailing Address				08 2014
402 West Broad STreet				
	State Zip Code	2042		
Falls Church Purpose of Disbursement		2042		
bank fee/operating expe			Amount of Ea	ach Disbursement this Period
Candidate Name		Category/		ermana i ang karitan gang awayan
		Туре	. • • •	, 3.00
Office Sought: House Disburser Senate	nent For: Primary General			
	Other (specify)			
State: District:	administration			
			•	
SUBTOTAL of Disbursements This Page (optional)		·····• >		9,00
TOTAL This Period (last page this line number only).			•	
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' SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only					GE 2 OF 3			
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			27	28a		28b	28c	\Box	29	30k
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NAME OF COMMITTEE (In Full)										
International Chiropractor	s Association	Poli	tica	al Ac	ti	.on	Com	nit	tee	
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^{A.} US Postal Service				Date of	Dis					
Mailing Address	·		\neg	oı"	2	26		201	4 ′	Y
800 West Broad Street City S	tate Zip Code			•			·			
Falls Church	VA 22	042							*	
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postage for committee men		0-1-		Amount	OT	=acn i	Disburse			
	ļ	Catego: Type	r y /			•	5	15	9.6	4
Office Sought: House Disbursem										
•	Primary General Other (specify) ▼									
State: District:	administration		.				•			
Full Name (Last, First, Middle Initial)	. 540. 520. 3									
B. American Chiropractic Ass	sociation			Date of	Dis	burse	ment			
Mailing Address		·		Μ M	,	24	D /	201	ν Δ ·	Y
1701 Clarendon Boulevard									-	
City State Zip Code Arlington VA 22209										
Arlington Purpose of Disbursement	VA 22	209								
conference registration				Amount of Each Disbursement this Pe					eriod	
Candidate Name		Catego	ry/					۰-	^ ^	•
Office Sought: House Disbursem	ent For:	Туре				,	9	25	0.0	U
Senate	Primary General									
<u> </u>	Other (specify)	•				-				
State: District:	administration									
Full Name (Last, First, Middle Initial) C.				Date of	Dis	burse	ment		•	
US Postal Service			•	M M	,	D	D /	Y Y	Y	Y
Mailing Address			ļ	01		2	5	20	14	
800 West Broad Street s	tate Zip Code						 			
Falls Church		2042	2.	•						
Purpose of Disbursement	nhow modiling		.	A			Diah			
postage for committee member mailing Candidate Name Category/				Amount of Each Disbursement this Peri						
Office Sought: House Disbursem	ent For:	Туре				,	5	Ťρ	۷٠.٥	5
- I	Primary General									
L——	Other (specify)			٠						
State: District:	administration					_				
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SCHEDOLE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE		
ITEMIZED DISBURSEMENTS	for each category of the	(check only		26
•	Detailed Summary Page	27		10b
Any information copied from such Reports and Stater or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
International Chiropractor	s Association P	olitic	al Action Committee	
Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. American Chiropractic Ass	sociation		M M / D D / Y Y Y	
Mailing Address 1701 Clarendon Bo	oulevard		02 25 2014	
	State VAZip Code 2220	19		_
Purpose of Disbursement	VA 2220			
conference registration			Amount of Each Disbursement this Period	
Candidate Name		Category/	. 325 00	
Office Sought: House Disburser	nent For	Туре	, 325.00	
Senate Dispurser	Primary · General			
	Other (specify) ▼	_		
State: District:	administration	1 .	<u> </u>	
Full Name (Last, First, Middle Initial) B.			Date of Disbursement	
		·	M M / D D / Y Y Y	
Mailing Address,	•		·	
City	State Zip Code			—
Purpose of Disbursement			·.	
Candidate Name			Amount of Each Disbursement this Period	
	'	Category/ Type	.g g	
Office Sought: House Disburser	_			
Senate	Primary			
State: District:				
Full Name (Last, First, Middle Initial)			D	
С .	•		Date of Disbursement	
Mailing Address	······································		M / U U / T T Y	
City	State Zip Code			
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Candidate Name		Category/ Type	Amount of Each Disbursement this Period	
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President State: District:	Other (specify) ▼			
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SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE I (check only 21b		PAGE 1: OF 1				
	Detailed Sunimary Page	27	28a 28b	28c 29 30b				
Any information copied from such Reports and Statem or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
angleInternational Chiropractors Association Political Action Committee								
Full Name (Last, First, Middle Initial)	D-1- 15:							
A. Abeler for US Senate			Date of Disburseme					
Mailing Address			0.3	2014				
600 East Main Street	State Zip Code	-						
Anoka		303						
Purpose of Disbursement		<u></u>	Amount of Each Dia	sbursement this Period				
Candidate Name		Category/	Amount of Each Dis	\ \\\\\\\\\-				
Dr. James Abeler		Type		1,000.00				
Office Sought: House Disbursen	nent For: Primary General							
President	Other (specify)	ł						
State: District:	<u> </u>		·					
Full Name (Last, First, Middle Initial) B.			Date of Disburseme					
Mailing Address		M	\ \ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>					
City	City State Zip Code							
Purpose of Disbursement		Amount of Each D	hurcoment this Period					
Candidate Name		Category/ Type	Amount of Each Disbursement this Perio					
Office Sought: House Disbursen	nent For:	.,,,,	مسك ليسك والمستخدين	<u></u>				
Senate President	Primary General							
State: District:	Other (specify)							
Full Name (Last, First, Middle Initial)		. 1						
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City	State Zip Code							
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Candidate Name		Category/ Type		<u> </u>				
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Senate President	Primary General Other (specify) ▼							
State: District:								
SUBTOTAL of Disbursements This Page (optional)		>		<u></u>				
TOTAL This Period (last page this line number only)				1,000.00				

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail Postmarked USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED

(8/2013)